



Fairfax  
Mentors Project

*Mentee Transportation & Field Trip Permission Slip*

I, \_\_\_\_\_ (Parent Name) give my consent for  
\_\_\_\_\_ (Mentor Name) to transport my child \_\_\_\_\_  
to/from (Home address) \_\_\_\_\_  
\_\_\_\_\_

My child's mentor has permission to transport my child on days the Fairfax Mentors Project meets, takes field trips, or participates in other special, approved events.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_